

# Michigan Gaming Control Board

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1500 Abbott Road, Suite 400, East Lansing, MI 48823



## CASINO LICENSE ANNUAL RENEWAL REPORT

Part 2 of 2

ATTACHMENT D

## ATTACHMENT D

### QUALIFIER STATEMENT OF CONTINUED ELIGIBILITY

**NOTE: Each individual or entity that is currently a qualifier of the licensee and has previously submitted a personal or business disclosure form as part of the licensee's application for a casino license or renewal must complete this statement.**

A. Name of Casino Licensee:

B. Complete **one** of the following:

1. **Business Entity Qualifier** (as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document):

Address: FEIN#

☐ Check here if address has changed since last submitted application

\*\*\*\*Please remember you MUST notify the Board immediately in writing of material changes.

2. **Individual Qualifier**: Last Name: First Name: Middle Name:

Date of Birth: Address:

Social Security No.: Driver's License No.: State of issuance:

☐ Check here if address has changed since last submitted application

\*\*\*\*Please remember you MUST notify the Board immediately in writing of material changes.

C. **Please submit a copy of your most recent federal income tax return.**

D. Complete the following:

NET WORTH STATEMENT as of December 31st of the most recent year		
	Prior Year	Current Year
<b>Assets:</b>		
Cash	\$	\$
Loans Receivable	\$	\$
Stocks, Bonds, and Debentures	\$	\$
Pensions, IRAs, 401(k)s, Other Retirement Plans	\$	\$
Business Investments	\$	\$
Real Estate	\$	\$
Other Assets	\$	\$
<b>Total Assets:</b>	\$	\$
<b>Liabilities:</b>		
Loans Payable	\$	\$
Taxes Payable	\$	\$
Mortgages Payable	\$	\$
Other Liabilities	\$	\$
<b>Total Liabilities:</b>	\$	\$
<b>Net Worth: {Total Assets minus Total Liabilities}:</b>		
	\$	\$
Contingent Liabilities	\$	\$

\*Provide the information in the aggregate for you, your spouse, and any dependent children.

- E. To the extent not previously reported since your last disclosure or renewal statement, answer the following:

For questions 1-12, if you answer <b>YES</b> submit a detailed statement with supporting documents as an Exhibit.	
1. Has your address changed? If you answered <b>Yes</b> , submit information as <b>Exhibit E1</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you or your spouse, parent or child obtained equity interest of more than 5% in any business? If you answered <b>Yes</b> , submit information as <b>Exhibit E2</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Individual – Has your marital status changed? If you answered <b>Yes</b> , submit information as <b>Exhibit E3</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Individual – Have you developed a substance abuse or gambling problem? If you answered <b>Yes</b> , submit information as <b>Exhibit E4</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you been charged with a criminal offense? If you answered <b>Yes</b> , submit information as <b>Exhibit E5</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Have you obtained any new licenses or had any permit, certification, or license (including driver license), denied, suspended, restricted, withdrawn, revoked or not renewed by any governmental entity? If you answered <b>Yes</b> , submit information as <b>Exhibit E6</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Have you filed for bankruptcy or been involved in any process to adjust, deter, suspend or otherwise work out payment of any debt? If you answered <b>Yes</b> , submit a copy of the filing of bankruptcy and discharge as <b>Exhibit E7</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Have you had any tax problems? If you answered <b>Yes</b> , submit information as <b>Exhibit E8</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Have you made any political contributions in the state of Michigan? If you answered <b>Yes</b> , submit information as <b>Exhibit E9</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Have you or any family members obtained a financial, ownership, right to ownership, or employment interest with any casino or supplier? If you answered <b>Yes</b> , submit information as <b>Exhibit E10</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Have you been party to any litigation? If you answered <b>Yes</b> , submit information as <b>Exhibit E11</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Have you had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency? If you answered <b>Yes</b> , submit information as <b>Exhibit E12</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Have you disclosed all material events? If you answered <b>No</b> , submit a detailed summary statement as <b>Exhibit E13</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please update the following contact information:

<b>List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the qualifier:</b>	
Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Email:	Business Phone Number ( )
Business Address	Business Fax Number ( )

F. Complete the following Attachments:

- Applicant's Consent to Release Information
- Voluntary Consent To Release Information Materials And Documents
- Qualifier Verification
- Individual Tax Information Authorization Request (if Qualifier is individual)
- Corporate Tax Information Authorization Request (If Qualifier is Business Entity)

## APPLICANT'S CONSENT TO RELEASE INFORMATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

On behalf of

\_\_\_\_\_  
(NAME OF ENTITY)

I, \_\_\_\_\_  
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Title

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**VOLUNTARY CONSENT TO RELEASE INFORMATION  
MATERIALS AND DOCUMENTS**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, \_\_\_\_\_  
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

## QUALIFIER VERIFICATION

State of            SS:

County of

I,           , being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this statement of continued eligibility. I have full authority to execute this statement on behalf of the qualifier and otherwise bind the qualifier to the above.
2. I swear (or affirm) that the information contained in this statement form is true, complete and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or Typed Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

WITNESS, my hand and Notary Seal, this            day of           , of           .

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**INDIVIDUAL TAX INFORMATION  
AUTHORIZATION REQUEST**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, swear or affirm under penalty of perjury that I am the taxpayer to which the forms listed below apply and this is my signature authorizing the Internal Revenue Service to release these forms to:

**Executive Director  
Michigan Gaming Control Board  
1500 Abbott Road  
East Lansing, MI 48823**

Release confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax liability.

In the spaces under "years", please identify the latest ten years for each type of tax applicable. (i.e., if the current year is 2004, you would enter 1993 through 2003)

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years</u>
Income	1040	_____ through _____
Gift	709	_____ through _____
Employment	941	03/31/____ through 03/31/____ 06/30/____ through 06/30/____ 09/30/____ through 09/30/____ 12/31/____ through 12/31/____
Unemployment	940	_____ through _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Signature

***This authorization is intended to comply with Internal Revenue Service Code Section 6103 (e)(1)(C).***

**CORPORATE TAX INFORMATION  
AUTHORIZATION REQUEST**

I, \_\_\_\_\_, the duly authorized \_\_\_\_\_ (Corporate Officer) of \_\_\_\_\_ (Corporate Name), FEIN # \_\_\_\_\_ on behalf of the Corporation, do hereby authorize the Internal Revenue Service to Release to:

**Executive Director or Designee  
Michigan Gaming Control Board  
1500 Abbott Road, Suite 400  
East Lansing, MI 48823**

confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to the corporate tax returns:

In the spaces under "years", please identify the latest three years for each type of tax applicable. (i.e., if the current year is 2004, you would enter 2001, 2002, and 2003)

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years or Periods (for the last 3 years)</u>		
Income	1120/1120s	<input type="text"/>	<input type="text"/>	<input type="text"/>
Excise	720	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment	941	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____
Unemployment	940	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare under penalty of perjury that I am a person authorized to make this request.

By: \_\_\_\_\_  
(Signature of Principal Officer)

\_\_\_\_\_  
(Title)

and

By: \_\_\_\_\_  
(Signature of Secretary or Other Officer)

\_\_\_\_\_  
(Title)

Date: